

# Registered pharmacy inspection report

**Pharmacy Name:** Rusholme Pharmacy, 253 Wilmslow Road,  
Manchester, Greater Manchester, M14 5LW

**Pharmacy reference:** 9011321

**Type of pharmacy:** Community

**Date of inspection:** 10/09/2021

## Pharmacy context

This community pharmacy is open extended hours over seven days. It is situated in a shopping parade on a main road in a suburban residential area. Most people who use the pharmacy live locally. It mainly prepares NHS prescription medicines, and it orders people's repeat prescriptions on their behalf. A large number of people also receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely and there is a home delivery service. This inspection was completed during the COVID-19 pandemic.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

| Principle  | Principle finding | Exception standard reference | Notable practice | Why |
|--|-------------------|------------------------------|------------------|-----|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A |
| <b>5. Equipment and facilities</b>                 | Standards met     | N/A                          | N/A              | N/A |

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy suitably manages its risks. It has written instructions to help make sure it provides safe services. But some team members have not confirmed their understanding for some of these procedures, so they might not always work effectively or fully understand their roles and responsibilities. The team reviews its mistakes which helps it to learn from them. It keeps the records required by law. Team members know the basic principles on how to keep people's private information safe, and they understand their role in protecting and supporting vulnerable people.

### Inspector's evidence

A publicly displayed notice reminded people to wear face masks, and a screen on the front counter provided additional protection. The dispensary size was large enough for the pharmacy team members to keep a safe distance from each other most of the time. Team members wore a face masks, they had access to hand sanitiser, hand wash and gloves. The pharmacy had supplied them with lateral flow test, advised them to test twice each week and report a positive result to the superintendent.

The pharmacy had regularly reviewed written procedures that included safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). Records indicated that the pharmacists had read and understood these procedures. The superintendent confirmed that the other team members had read the procedures relevant to their role and responsibilities, but they had not signed to confirm this.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they supplied. And this assisted with investigating and managing mistakes. The pharmacy team discussed and recorded any mistakes it identified when dispensing medicines. The team addressed each of these errors separately, but staff members did not always record why each mistake had happened. So, they could be missing additional opportunities to identify patterns and mitigate risks in the dispensing process.

The pharmacy had professional indemnity insurance for the services it provided. The RP, who was the superintendent and regular pharmacist, displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP and CD transactions. It also kept CD running balances that it regularly checked, which helped to detect any discrepancies promptly.

Staff, including the locum pharmacists, used passwords and their own NHS security cards to access people's electronic data. The pharmacy had obtained people's written consent to order and obtain their repeat prescription on their behalf. It had obtained their verbal consent during the pandemic. The team securely stored and destroyed confidential material. The superintendent had discussed the basic requirements for protecting people's private information, such as destroying confidential paper waste, holding conversations discretely including on the telephone, and avoiding disclosing information to anyone outside of the pharmacy. Some staff members had not completed any formal data protection training or signed a confidentiality agreement. The superintendent explained that he was in the process of preparing training material for staff. The pharmacy did not display a privacy notice, so people might not be able to easily access information which explains how the pharmacy protects their information.

The RP, second pharmacist and most of the other staff members had level two safeguarding accreditation. The superintendent confirmed that the pharmacy had the local safeguarding agency's

contact details. The local council assessed if compliance pack people needed their medication supply limited to seven days. The pharmacy used electronic compliance packs for these people that automatically reminded them to take their next dose. The pack alerted the person's carer if they had not opened their next dose. The pharmacy kept records of the care arrangements for compliance pack users, which included their next of kin and carer's details. But it did not keep a record of each person's start day for a new compliance pack, which might lead to a delay in them receiving their medication.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. The team members work well together, and they have access to appropriate support for their training and development.

### Inspector's evidence

The staff present included the RP, second pharmacist who was also the managing director, two provisionally registered pharmacists, and a trainee pharmacist. The other the team members, who were not present, were a regular locum pharmacist, a dispenser, three pharmacy undergraduate students, and a trainee medicines counter assistant. The pharmacy also employed a delivery driver.

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready in good time for when people needed them, including those who had their medication delivered. The pharmacy received most of its prescriptions via the prescription management and electronic prescription services. The pharmacy had a low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. The team did not have any official targets or incentives for the scale of services it provided.

Staff members worked well both independently and collectively and they used their initiative to get on with their assigned roles and required minimal supervision. They effectively oversaw the various dispensing services and had the skills necessary to provide them. Most team members shared the responsibility for maintaining the compliance pack service.

The pharmacy had recruited the trainee MCA around two weeks ago to meet the increase in service demand that the pandemic had caused. The superintendent explained that most staff members worked part time, so the pharmacy usually did not have any significant difficulties maintaining services when one of them took either planned or unplanned leave.

One of the provisionally registered pharmacists had completed their pre-registration training at the pharmacy. The superintendent, who was their senior supervising pharmacist, provided both of them and the trainee pharmacist with the guidance and direction that they needed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has a consultation room, so members of the public can have confidential conversations and maintain their privacy.

### Inspector's evidence

The pharmacy was situated in a retail unit. It had shop and dispensary fittings that were suitably maintained and was professional in appearance. The retail area and counter could accommodate the number of people who usually presented at any one time. The open-plan dispensary and additional compliance pack area provided enough space for the volume and nature of the pharmacy's services.

The consultation room was accessible from the retail area and it could accommodate two people, and it was suitably equipped. But its availability was not prominently advertised, so people were less likely to know about this facility. The dispensary was set back from the front counter, which meant it was difficult to view any confidential information from the public areas. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and manages them effectively to make sure they are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy operated between 8am to 11pm Monday to Friday and 10am to 11pm Saturday and Sunday. It had a low step at the front entrance and the team could see and assist people who needed help entering the premises.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate, insulin and lithium. It identified people in the at-risk group taking valproate, and the team supplied the appropriate written advice to them when necessary. There was no written procedure for valproate. The pharmacy did not have the emergency steroid cards to give people, but the RP said they would address this.

The team prompted people to confirm the repeat medications they required, which helped it limit medication wastage and people usually received their medication on time. It made records of these requests, including the medication, which helped it to effectively resolve queries if needed.

The team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. It kept a record of these people's current medication that also stated the time of day they were to take them. The pharmacy did not always keep communications about medication queries or changes for people using compliance packs, so these were not always auditable. The compliance packs were not always labelled with a clear description of the medicines they contained, which might make it more difficult for people to identify each medicine.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. It left protruding flap on part-used medication stock cartons. However, most of the time it only left a protruding flap on medication stock cartons to signify they were part-used, which could be overlooked and lead to people receiving the incorrect medication quantity.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. It suitably secured its CDs and it had kits for destroying them. The team suitably monitored the medication refrigerator storage temperatures, and records indicated that the pharmacy monitored medicine stock expiry dates on an on-going basis.

The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept corresponding electronic records. It disposed of obsolete medicines in waste bins kept away from its medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The team used an alphabetical system to store patient's bags of dispensed medication, which meant it could efficiently retrieve people's medicines when needed. The pharmacist checked the prescription issue and supply deadline dates for any CDs at the point they handed them out, so the pharmacy had a

basic system to make sure it only supplied CDs when it had a valid prescription. The delivery driver wore a mask and used hand sanitiser when they delivered medication. They placed people's medicines at their front door, observed them being collected at a safe distance and they recorded each confirmed supply and time of supply.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment that it needs to provide its services effectively. And it has the facilities to secure people's information.

### Inspector's evidence

During the pandemic the team sanitised the work surfaces, IT equipment, telephones, door handle once each day, and IT equipment once weekly. The team kept the dispensary sink clean; it had hot and cold running water and an antibacterial hand sanitiser. The team had a range of clean measures. So, it had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. Staff used the latest versions of the BNF and cBNF to check pharmaceutical information if needed.

The team had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens which were not visible from public areas and regularly backed up people's data on its PMR system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. The pharmacy had facilities to store people's medicines and their prescriptions away from public view.

### What do the summary findings for each principle mean?

| Finding               | Meaning  |
|-----------------------|--|
| ✓ Excellent practice  | The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards. |
| ✓ Good practice       | The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.                                |
| ✓ Standards met       | The pharmacy meets all the standards.  |
| Standards not all met | The pharmacy has not met one or more standards.  |